

APPLICATION FOR COSMETIC MANUFACTURER REGISTRATION

Current registration (including annual facility inspection) is required for receiving export document services from the Department of Health Services.

Instructions: A separate application is required for each place of business. Please complete or amend this application as appropriate.

The fee for each RENEWAL or NEW application in the sum indicated per the fee schedule below, payable to STATE DEPARTMENT OF HEALTH SERVICES must accompany this application. Unsigned or incomplete applications cannot be processed. Please submit the application with fee to:

Department of Health Services
Mail Station 357
601 North 7th Street
P.O. Box 942732
Sacramento CA 94234-7320

Fee: \$ 423.24 (annual registration)
\$101.71 (one time fee)
\$80.00/hour (inspection)

NAME OF FIRM AND DBA (S) IF APPROPRIATE:

TYPE OF APPLICATION: RENEWAL () NEW ()

Registration No.:

LOCATION OF FIRM:	CORRESPONDENCE ADDRESS:
Address	Address
Phone	Phone
Fax	Fax
Email	Email
Contact	Contact

PERSON RESPONSIBLE FOR MANUFACTURE AT THIS PLACE:

NAME(S) AND TITLE(S) OF OWNER(S) OR CORPORATE OFFICERS. IF A SUBSIDIARY, NAME AND ADDRESS OF PARENT FIRM:

The Food and Drug Branch **MUST BE NOTIFIED** of any changes in the above information as provided by California Health and Safety Code ' 26688. By signature, the application affirms that all information is true and correct.

Valid only if embossed with State Seal.

Signature of Applicant

Please Print Name

Title

Date

Valid through: «VALID_THRU»